

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

K.C., *et al.*,

Plaintiffs,

v.

No. 1:23-cv-00595-JPH-KMB

THE INDIVIDUAL MEMBERS OF THE
MEDICAL LICENSING BOARD OF
INDIANA, in their official capacities, *et al.*,

Defendants.

Declaration of Emily Morris

Emily Morris, being duly sworn upon her oath, says that:

1. I am an adult resident of Marion County, Indiana.
2. I am the mother of plaintiff A.M., who will be 11 at the time that this declaration is filed with the Court, although she is 10 on the date that the declaration is signed.
3. Although A.M's birth-assigned sex was male, she informed me and other members of our family before she was 4 years old that she was really a girl and she stated that she was thinking about trying to cut off her penis to get rid of it.
4. Since that time, she has been living as a girl. She consistently uses a female first name and dresses and appears to the world as a girl.
5. An Indiana court has changed the marker on A.M's birth certificate to female and changed her legal first name to her preferred female first name.

6. The world accepts her as a girl and very few persons outside of our immediate family know that her birth-assigned sex was male.

7. Because of the disconnect between her gender identity and birth-assigned sex, A.M. suffers from anxiety and depression and has been in counseling since she was 6 years of age.

8. She has been diagnosed with gender dysphoria and receives anti-depressant medication.

9. She is followed by an endocrinologist at the Riley Gender Health Program, and she has a counselor through Eskenazi Hospital.

10. In August of 2021, after there was clinical documentation of the initial signs of puberty, she was prescribed a puberty blocking drug, leuprorelin, and has been taking it ever since. To receive this drug, I take A.M. to the Riley Gender Health Program, and she receives an injection of the puberty blocking drug administered by medical professionals every three months. These injections are provided as a part of, and in the same setting as, a visit to A.M.'s physician. I am not a medical professional and am not capable of providing A.M. these injections myself, and no one has ever asked me to do so or even offered me the opportunity to do so.

11. The Riley Gender Health Program is operated by Riley Children's Hospital and Indiana University Health and offers comprehensive medical care and other support to

children, teens, and young adults under the age of 21 who, among other things, suffer from gender dysphoria.

12. Prior to receiving the puberty blocker, A.M.'s depression was increasing, undoubtedly because puberty was beginning.

13. She even threatened again to harm her genitals before she began receiving the puberty blocker.

14. Before I agreed that A.M. could receive the puberty blocker, a medical practitioner fully explained to me and A.M. both the positive and potential negative effects of the medication.

15. After hearing all the information about the puberty blocker, I consented to A.M. receiving it as it was clear that it was necessary to preserve my child's mental health and perhaps her physical health.

16. Since she has begun taking the puberty blocker her depression has decreased as she is not developing any male characteristics, which would be extremely upsetting to her.

17. I am afraid to think about what might happen if the puberty blocker were stopped and my daughter began to go through male puberty and developed male physical characteristics that could never be reversed. I believe that this would also cause her to have irreversible depression and might cause her to again think about mutilating herself to remove her penis.

18. Moreover, stopping the puberty blockers, and the therefore allowing her to develop male physical characteristics, would expose her birth-assigned sex to the world, which knows her only as a girl, and would tell the world that she is not a “real” girl. This would be devastating to her and would cause her depression to greatly increase.

19. Because of our limited income, A.M. is enrolled in the Medicaid program through the Indiana Family and Social Services Administration. Medicaid pays both for her visits to her medical professionals and for the puberty blocking drugs themselves. Due to her enrollment in the Medicaid program, we are not required to pay any of her medical expenses out of pocket. Medicaid has consistently paid for A.M.’s gender-affirming care, including her visits to her physician or other medical staff and her puberty-blocking drugs. Her visits started in 2019 and, as noted above, she started receiving the puberty blocker in 2021.

20. Before she began to receive the puberty blocker, I was forced to watch my daughter struggle with gender dysphoria. After receiving all the information about her condition and her treatment, I exercised my right as a parent, in consultation with A.M.’s doctors, to provide her with the puberty blocker, which I believe is an essential treatment for her.

21. It is my right as a parent to make these decisions for my daughter, in consultation with my daughter and her doctors.

22. The puberty blocker that she is receiving is clearly medically necessary for her and clearly has caused the symptoms of her gender dysphoria to decrease.

23. In the future, once it is medically appropriate, A.M. will be prescribed estrogen and progesterone (the latter of which I understand will serve to suppress the production or effects of testosterone) so that she can develop many of the physiological changes associated with puberty in females. Due to her age, A.M. will not begin taking these drugs prior to July 1, 2023.

24. Again, I believe that it is my right as A.M.s mother to make this future decision concerning her receipt of female hormones when they are deemed appropriate by her medical professionals so that A.M. can continue to live as a girl.

25. I do not believe that the State has any right to interfere with the treatment decisions that I am making so my daughter can get the care that she needs.

Verification

I verify under penalty of perjury that the foregoing is true and correct.

Executed on: 4/19/23



Emily Morris

Prepared by:

Kenneth J. Falk
ACLU of Indiana